

FORM
A19-1A
(Rev. 6/93)

STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
2450	00074	

AGENCY NAME
Washington State Military Department Emergency Management Division MS: TA-20, Building 20 Camp Murray, Washington 98430-5122
VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.

BY

(SIGN IN INK)

(TITLE)

(DATE)

PURCHASE ORDER #:

FEDERAL I.D. NO. OR SOCIAL SECURITY NO.					RECEIVED BY		DATE RECEIVED		
DATE	DESCRIPTION				QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
PREPARED BY			TELEPHONE NUMBER		DATE	AGENCY APPROVAL		DATE	
DOC DATE	PMT. DUE DATE	CURRENT DOC. NO.		REF. DOC. NO.	VENDOR NO.	VENDOR MESSAGE		USE TAX	UBI NUMBER

REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJ	ORG INDEX	WORK CLASS	COUNTY	CITY/TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NO.
				APPN INDEX	PROGRAM INDEX				ALLOC	BUDGET UNIT	MOS					

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
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